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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*  
 NONE *gn*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
 NONE *gn*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 11/19/2003

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>gn</i> Initials	STATE OR COUNTRY PA	SHEETS DRAWING 11	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 3
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TITLE  
 Inter-proximal contact dental matrix band

FILING FEE  RECEIVED 475	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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